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Exploring the Relationship Between High-SES and Anxiety/Depression in Adolescents:

Development of a Method

Capstone Thesis

Lesley University

April 9, 2019

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Expressive Arts Therapy

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Abstract

Anxiety disorders are the most common mental health disorder among children and adolescents with the number of individuals impacted increasing, especially for children and adolescents with high socioeconomic status. Although mental health issues such as anxiety and depression are impacting affluent children and adolescents in steadily rising numbers, there is very little research about why this is happening and how to effectively treat this population. This thesis addressed the impact affluence has on mental health in adolescents attending an affluent school system and aimed to explore effective treatments for this population. A review of the literature was conducted surrounding the impact affluence has on mental health, specifically, as it relates to substance use, family and community influence, extracurriculars, stigma, the impact on adolescent girls, and available treatments, including expressive arts therapy. Based on the literature, an expressive arts therapy intervention was developed focusing on externalization of symptoms of mental illness through the arts and implemented with two high school students attending an affluent high school in Massachusetts. The observations and findings suggest that affluence is a little discussed factor that influences mental health in adolescents, and also that expressive arts in a school-setting may be an effective intervention for adolescents struggling with mental health issues correlated with affluence; however, it requires further exploration and research.

Keywords: expressive arts therapy, affluence, socioeconomic status, anxiety, depression

Exploring the Relationship Between High-SES and Anxiety/Depression in Adolescents

I was recently sitting at my graduate internship when I overheard a conversation between two of the guidance counselors. One guidance counselor was describing to the other one of her students, who is a freshman in high school. The student is well-adjusted, involved in extra-curriculars, has many friends, and is doing well in her classes. Despite this, her parents had made a meeting with guidance, asking what they could do to “improve” their daughter. Although she was by all measures a happy adolescent, her parents were concerned about her “B” average and the fact that she would not get into any Ivy League colleges based on her grades. They were looking for suggestions to improve their daughter, who they stated was no more than “average” and needed to be exceptional. This guidance counselor stated that this was not the first time a meeting like this has happened, and she asserted that in two to three years, they would be meeting with this student surrounding anxiety and depression because of these expectations and pressure placed on her.

Interactions like this are not out of the norm at my internship, which is at a wealthy high-school in the suburbs of Boston. In this high school, five students committed suicide in four years. This statistic is staggering, and unfortunately, is all too common in school districts all around the country (Cash & Bridge, 2009). Anxiety disorders are the most common mental health disorder among both children and teenagers today, often with the development of subsequent mental health disorders, such as depression and substance use (Cartwright-Hatton, McNicol, & Doubleday, 2006). According to Fletcher, Speirs Neumeister, Lyman, and Luther (2014), affluent youth are at a significant disadvantage in terms of substantially higher levels of substance use, mental health issues, and peer envy compared to lower-income youth. This can

be attributed to the high expectations, pressure, and excess of homework that often comes with going to school in an affluent community.

Despite the fact that there is a clear need for awareness and research about this topic, this affluent youth population is severely understudied. Research is very scarce about the connection between high socioeconomic status and anxiety and depression in teenagers, with journals primarily focusing on the high levels of mental health issues in adolescents (Beesdo, Knappe, & Pine, 2009; Cartwright-Hatton, McNicol, & Doubleday, 2006; Essau, 2005; Garman, Berg, & Claussen, 2015) without focusing on the correlation between socioeconomic status. I believe this can be partly attributed to how these adolescents appear on the surface. On paper, the students that I work with have it all. They have the latest technology, clothes, cars, and money. Because of this, their suffering is often overlooked or written off because of their wealth. In a culture where success is often measured by how many activities you are involved in, how good your grades are, and what four-year colleges you are accepted to, there is a huge amount of suffering that is happening behind closed doors. The effects of anxiety and depression in adolescents have received considerable attention in recent years due to an increase of these disorders; however, there is very little research about how the prevalence of these disorders is correlated to high-SES, and even less research on different treatment options. This thesis aims to explore this correlation and various treatment methods to address this important issue.

In this thesis I will explore the potential correlation between high-socioeconomic status and mental health issues, such as anxiety and depression, by reviewing the literature and developing an expressive arts therapy intervention to use with my students. This intervention will focus on externalizing mental health issues by developing a character and interacting with them through expressive arts therapy approaches. Although this intervention will not be directly

focusing on socioeconomic status, but more on a holistic approach to mental health, it will incorporate issues that are relevant to these adolescents in their environments, potentially addressing the impact of attending an affluent school.

Literature Review

In the following section, I will review the impact affluence has on mental health; specifically, as it relates to substance use, the impact on adolescent girls, family and community influence, extracurriculars, stigma, and available treatments. There has been increasing research about the impact affluence has on these issues, and this literature review will aim to discuss the research that has been done along with the need for further research surrounding affluence and mental health issues.

Anxiety disorders are the most common mental health disorder among both children and teenagers today and they often come with the development of subsequent mental health disorders, such as depression (Cartwright-Hatton, McNicol, & Doubleday, 2006). Recent years have seen a significant increase in research surrounding disadvantaged youth and mental health issues; however, there has been very little research focusing on different subsets of youth- specifically, children from affluent, suburban families (Luthar & Becker, 2002). According to Buss (2000), Americans are twice as rich now than the previous three decades, but have higher rates of depression than ever before. Along with this, teen suicide has tripled and depression rates have significantly increased, especially among teens and young adults (Diener, 2000). Luthar and Becker (2002) attempt to explain this by stating that “individuals’ rapid ‘habituation’ to new wealth and subsequent hankering for more; envy of people with the most perceived successes; and intense emotional isolation spawned by resolute pursuit of personal ambitions” (p. 1593) could potentially be reasons for this increase in depression and suicide.

Substance Use and Affluence

Luthar and Becker (2000) administered self-report surveys to sixth- and seventh-grade students who attended a middle school in an upper-class community in the Northeast. The surveys addressed delinquent behavior, substance use, depressive symptoms, anxiety, parent values, perfectionism, after-school supervision, school grades and absences, and peer victimization. This study found that substance use is high among adolescents potentially due to internalizing symptoms and the incidence of depression is significantly higher among affluent adolescent girls. Levine (2008) also found that many of the most popular adolescent boys are using drugs and alcohol to self-medicate, and often develop to be “heavy users of illegal drugs, and that their peers support this risky behavior” (p. 19).

Although it has been found that specific types of anxiety can increase substance use during middle adolescence (Beesdo, Knappe, & Pine, 2009) there is little research to support the relationship between substance use and anxiety in affluent populations over time. There is research, however, that suggests that substance use can exacerbate certain types of anxiety (McMahon & Luthar, 2006). Luthar and Baker (2000) state that “substance use was linked with self-reported maladjustment among affluent teens but not among inner-city students, suggesting that the former may often have used substances in attempts to ‘self-medicate’” (p. 1594). The potential causes of this high distress that leads to self-medication can be linked to excessive achievement pressures in affluent communities, where there is often emphasis on children going to elite colleges. Because of this, many children feel as though they need to excel at academics and extracurricular activities (Luthar & D’Avanzo, 1999). Previous research has mentioned the importance of peer approval and competition among affluent youth, which can impact substance

use especially among adolescent males who grow up in affluent communities (McMahon & Luthar, 2006).

Impact of Affluence on Adolescent Girls

According to Levine (2008), “Studies of public school students have shown that as many as 22 percent of adolescent girls from financially comfortable families suffer from clinical depression” (p. 18). Spencer, Walsh, Liang, Mousseau, and Lund (2018) explore this relationship between affluence and elevated risk for psychological distress among adolescent girls through in-depth qualitative interviews with three cohorts of girls and their parents along with teachers from two independent all-girls schools. Previous research found that adolescent girls experience higher rates of alcohol and marijuana use along with depressive, anxiety, and somatic symptoms; however, prior to adolescence, these girls do not report doing any worse than their counterparts from lower-income settings (Spencer et al., 2018). Around the seventh grade, however, Spencer et al. (2018) report that signs of psychological distress begin to emerge and continue throughout development.

Although peer relationships are an important aspect of life and emotional support during adolescence, affluent adolescents often begin to compare themselves to their peers, which “can fuel academic pressures, as students strive to outperform one another to obtain coveted slots in advanced classes or on elite sports teams and ultimately acceptance to top colleges and universities” (Spencer et al., 2018, p. 6). Through in-depth, qualitative interviews, Spencer et al. (2018) found that adolescent girls from affluent communities experience intense pressure to perform, perfectionism and narrow understandings of success, peer competition, and incongruent expectations of success between adolescent girls and their parents. These girls reported a need to

succeed in a way that was seen in a positive light and others would approve of, which leads to perfectionist tendencies and an increase in anxiety and depression.

Family and Community Influence

Luthar and D'Avanzo (1999) also found that affluent children's adjustment problems can be caused by a disconnection from adults, as upper-middle-class junior high school students often have very little after-school supervision, which can be attributed to affluent parents' beliefs that this practice encourages self-sufficiency. When it comes to emotional closeness, affluent children's needs can be disregarded as the parents' careers and after-school activities take precedence over family time. Particularly for adolescent girls, "lower levels of emotional closeness with mothers have been associated with both psychological distress and substance use" (Spencer et al., 2018, p. 6). Additionally, females from affluent backgrounds have reported that compared to their male counterparts, parents are less tolerant of their mistakes and transgressions (Spencer et al., 2018), leading to increased psychosocial distress.

When discussing issues of anxiety and depression among adolescents, it is also important to address the larger community that these adolescents grow up in. Lund and Dearing (2012) support this in their research by stating that with affluence comes more competitive norms within the community, the pressure to achieve, and emotional isolation from family members. While affluent individuals are able to purchase various services, such as psychotherapy, medical care, and professional caregivers, they also do not need to rely on friends or members of the community for support. This leaves affluent communities lacking the social connectedness that is experienced in lower income communities where this support is necessary (Luthar, 2003). Along with this, the physical characteristics of wealthy communities, such as houses being set far

apart with long driveways and high hedges, can contribute to these feelings of isolation (Weitzman, as cited in Luthar, 2003), which leads to a lack of cohesion within the community.

This lack of cohesion can also be due to a culture of competition among adolescents seeking slots in private schools or colleges, along with competition for social prestige among the community (Lund & Dearing, 2012). This competition can lead to a lack of cohesion within neighborhoods (Luthar, 2003). Lund and Dearing (2012) found through analyzing data from the *NICHD Study of Early Child Care and Youth Development* and through self-report surveys that adolescent boys are more likely to exhibit delinquent behaviors, while adolescent girls are more likely to experience anxiety and depression as a function of their family, neighborhood, and affluence.

Affluence and Extracurriculars

Randall, Travers, Shapiro, and Bohnert (2015) state that despite the growing research on the effects of overscheduling organized activities, there are very few studies that focus on affluent youth, which is a group that has a high likelihood of being extremely involved in extracurriculars. The little research there is suggests that adolescents from affluent communities are more likely to be involved in extracurriculars because of the pressure to build a resume for college admission, but they are less likely to benefit from their participation and often experience an increase in stress-related symptoms (Randall et al., 2015).

On a similar thread, studies on homework often lack an exploration of its impact on social class, especially affluence. In affluent communities, homework is often seen among parents who have influence as a way to promote their child's academic advantage over their peers and promote their status in the social hierarchy, which relates to previous points about peer competition (Lund & Dearing, 2012). There is also a lack of research about the effects of the

nonacademic effects of homework and its benefits (Kravolec & Buell, 2000). Through directly interviewing students attending an affluent school, Galloway, Conner, and Pope (2013), discovered that while affluent students develop the skills they need to succeed in an achievement-focused society, there are significant costs that come with these homework practices as well, which average over three hours a night in affluent communities. Adolescents who engage in this level of homework a night report experiencing a higher level of school engagement but more stress, health problems, and isolation from their peers and families. This isolation from family and community in the pursuit of socially acceptable success helps to perpetuate alienation from support systems and the larger community and higher levels of stress and health problems.

Stigma and Affluence

Despite the prevalence of this issue, there is a significant amount of stigma surrounding mental health in adolescents. Although there are multiple studies that acknowledge the prevalence of anxiety among adolescents (Cartwright-Hatton, McNicol, & Doubleday, 2006; Essau, 2005; Garmy, Berg, & Clausson, 2015; Lindsey, Roberston, & Lindsey, 2018), there are few studies that address stigma surrounding mental health issues in affluent communities. While anxiety is the leading mental health problem among adolescents, there are low rates of treatment-seeking behavior among this population (Essau, 2005). Through the limited research that focuses solely on adolescents, it has been speculated that adolescents experience higher levels of perceived stigma surrounding mental health, which is defined as an individual's perception of what other people think about the condition as opposed to what they feel about the condition (Calear, Batterham, Griffiths, & Christensen, 2017). Adolescents have also been found to respond to questions about their personal attitudes and beliefs about mental health issues in a

manner that is considered socially acceptable so as to fit in with their community and their peers (Calear, Batterham, Griffiths, & Christensen, 2017).

McLaughlin, Costello, Leblanc, Sampson, and Kessler (2012) also proposed that perceptions of social status are less strongly associated with mental health issues among adolescents whose parents have the lowest level of education, indicating that adolescents whose families have high SES status may be more likely to have issues with social status and mental health. Similarly, individuals with low SES are less likely to know about symptoms of depression and anxiety while individuals with high SES are generally more aware; however, affluent individuals are generally more likely to consider medication as an effective form of treatment for anxiety and depression as opposed to treatments such as mindfulness and relaxation (von dem Kneesebeck et al., 2013).

Treatments

There is a clear need for treatment that effectively addresses affluent adolescents with anxiety/depression; however, there is very little research supporting treatment options for adolescents with high SES who are suffering from mental health issues. This is clearly a systemic issue with many factors working together and against this population, such as this lack of research and the stigma surrounding this population. While developing consistent treatments that are not solely reliant on medication for this population, it is also important to address this stigma. By addressing this, mental health professions can begin to develop antistigma campaigns that could help increase help-seeking behavior for anxiety and depression in adolescents, which could help prevent chronic mental health issues in adulthood, especially for this population (Calear, Batterham, Griffiths, & Christensen, 2017).

Cognitive behavioral therapy. In regard to treatment approaches, Higa-McMillan, Francis, Rith-Najarian, and Chorpita (2016) proposed that cognitive behavior therapy (CBT) and exposure-based treatments are the most common and empirically supported methods of treatment for anxiety disorders among adolescents. Higa-McMillan et al. (2016) state that other common treatments (that are often subsets of CBT) include modeling, CBT with parents, and CBT combined with medication. Treatments that have less support, but have still been shown to be effective, include family psychoeducation, relaxation, and stress inoculation. Although CBT has been found to be an effective and empirically supported treatment for adolescents, it is important to combine this treatment with more experimental treatment approaches, such as family psychoeducation, storytelling, EMDR, hypnosis, and expressive arts therapy (Higa-McMillan et al., 2016). It is incredibly important in the field to explore how to combine evidence-based treatment approaches with more experimental approaches to better serve youth mental health services, especially when addressing the mental health issues affluent adolescents face.

It is important to note that the majority of anxious adolescents do not receive treatment for anxiety disorders, due in part to barriers accessing mental health services and the stigma surrounding it (Coles & Coleman, 2010). Haugland et al. (2017) proposed that delivering interventions to anxious youth directly in the school setting through low-intensity CBT programs is one way to provide services to this vulnerable population, as adolescents spend much of their time in school settings and experience many anxiety-provoking situations throughout their school day. This is an especially valid proposal for affluent school systems, where it has been shown that adolescents often experience higher levels of perceived stigma that may prevent them from seeking treatment (Fletcher et al., 2014).

Through the implementation of a school-based mental health program that sought to address positive mental health development among adolescents, Garmy, Berg, and Clausson (2015) discovered that school-based mental health programs can be beneficial in increasing intrapersonal strategies such as improved self-confidence and stress management, along with interpersonal awareness. Although this study is limited in that it does not address the specific school setting or socioeconomic status of the school this program was implemented in, it shows promising potential for a treatment approach that would reach a large population of adolescents. Further research needs to be done about the implementation of similar programs in affluent school settings.

Mindfulness-based treatments. Mindfulness-based practices have also been gaining more attention in their use with adolescents with mental health issues (Lee, Semple, Rosa, & Miller, 2008; Semple, Reid, & Miller, 2005; Thompson & Gauntlett-Gilbert, 2008). Through a group program implemented with young adults that aimed to teach them mindfulness-based methods using the arts, Coholic (2011) found that mindfulness and the arts are useful skills to be taught in conjunction with other treatments, such as CBT. Mindfulness-based skills are useful with this population in that it promotes the awareness of thoughts and feelings without judgement, which allows adolescents to tolerate and accept their internal experiences.

Expressive arts therapies. Research about the use of expressive arts therapy with adolescents has been increasing in recent years. O'Neill and Moore (2016) used arts-based research to explore drawing as “a method of communication by young people for expressing feelings and thoughts about what keeps their minds strong and what makes them happy” (p. 544). Themes from this research suggest that children and adolescents are aware of the stigma that exists around mental illness, which contributed to mental health issues and social isolation.

This research suggests that the arts offers children and adolescents a means of expressing their feelings about these issues; however, this research does not address differentiations in socioeconomic status and how this may impact mental health. Lindsey, Robertson, and Lindsey (2018) also used expressive arts modalities with the aim of developing positive coping strategies for dealing with depression and anxiety and received significant self-reported levels of stress reduction among participants. More research is necessary about the use of expressive art therapy to fill in these gaps to better serve this vulnerable population.

In general, art therapy has been thought to be an appropriate treatment for people suffering from anxiety disorders for many reasons, including the ability to use form, color, and design as opposed to words for self-expression and communication about experiences (Riley, 2001). Along with this, sharing artwork with a therapist can be less threatening than verbally sharing stories. Art can also be used as a coping mechanism for anxiety (Chambala, 2008). Riley (2001) supports this by stating,

Imagery taps into a person's earliest way of knowing and reacting to the world; therefore, it is not foreign to the experience of learning. Art as a language of therapy, combined with verbal dialogue, uses all of our capacities to find a more successful resolution to our difficulties. (p. 54)

Art with adolescents is a useful tool as it is a way to tap into their creativity and offer a form of expression that is nonthreatening and allows the adolescent to be in control. It can be approached casually, which is often beneficial when working with resistant adolescents (Riley, 2001).

Method

The purpose of this study was to examine the influence of high socioeconomic status on adolescents. Through previous research, it has been speculated that high socioeconomic status is often connected to issues with anxiety, depression, and substance use in adolescents (McCauley Ohannessian, 2014). Although this intervention did not solely focus on socioeconomic status, as there are many issues that may impact these adolescents' mental health, I anticipated that some of the responses to this intervention would address issues of socioeconomic status in response to mental health.

I am currently a graduate clinical mental health/expressive arts therapy intern at an extremely affluent public high school in New England. The town this school is in is one of the wealthiest cities in all of New England. This school is very competitive, with the majority of its students involved in rigorous extra-curriculars and most going on to attend prestigious four-year colleges. The environment of the school often feels rushed, where chatter in the hallways about upcoming sports games, tests, and college applications can be heard every day. This school has multiple specialized programs, including programs for students who are transitioning in or out of high school due to mental health issues, students who need additional academic support, and also a program for students with mental health issues prohibiting them from attending school.

Although there is a need for more research to support this, art therapy has been speculated to be an effective form of treatment for adolescents with mental health issues, such as anxiety or depression (Chambala, 2001; O'Neill & Moore, 2016). According to Riley (2001), "using art in therapy provides a pleasure factor that is not what teens expect to encounter, and it stimulates their desire to be expressive" (p. 55); however, the question that I focused on was how to implement these practices in a school setting. This intervention was designed with the

intention of developing an approach that can be used in all schools, regardless of socioeconomic status. It was designed to address multiple facets of mental health that impact adolescents, and was purposely left open-ended to allow for the adolescent to identify issues that are most predominant to them. Although it does not focus exclusively on socioeconomic status and affluence, it allows the room for adolescents to identify and explore it as an issue in their lives.

Within the high school, I currently intern in a sub-separate therapeutic program for students who struggle with mental health issues, such as anxiety and depression, that are impacting their ability to participate in the regular school day. This program is the most restrictive in the school, and the students receive all of their schooling along with ongoing clinical and expressive arts therapy throughout the day in the program. I currently have five students on my caseload, with diagnoses including anxiety, depression, obsessive compulsive disorder, and borderline personality disorder. I see each of these students in one-on-one sessions, and in a group setting with the other students in the program. It is important to note here that school attendance and avoidance are issues that impact my work with these students, as many students do not reliably or consistently show up to school.

I identified the three students I would work with for this intervention by examining the relationship I had with each and their willingness to work with the expressive arts. I felt as though it was important to have established a good therapeutic rapport with the students I chose to implement this intervention with, as it requires a good deal of trust between the therapist and the client. Some of the students I work with are more willing to engage with the expressive arts than others, and I felt as though utilizing this intervention with those that are more willing to explore the arts would be most effective.

Ultimately, I chose to utilize this intervention with three of the students I have been working with the longest. The first student I implemented the intervention with is a 17-year-old male, who is considered a junior, who struggles with anxiety and depression that often prohibits him from attending school. He is considered upper-middle class; however, his interests greatly differ from those of his peers, often leaving him feeling alienated. He does not wish to attend a typical four-year college after graduation; instead, he hopes to get a job driving trucks and potentially starting his own farm.

The next student I implemented the intervention with is an 18-year-old female, who is considered a senior, who struggles with anxiety, depression, and attention-deficit/hyperactivity disorder. She is also considered upper-middle class and is hoping to attend a four-year college, but because of her mental health issues, her school attendance is potentially preventing her from graduating this year.

I intended on implementing this intervention with a third student; however, with his unreliable school attendance and his increasing fragility throughout the year, I did not feel it was an appropriate time to implement this intervention with him. I made the decision to focus on other treatment goals with this student, which I felt were more appropriate for him at this time.

Each participant was contacted individually. My intentions were conveyed to each student in our regularly scheduled one-on-one therapy session, and each student was given the choice to participate or to decline. It was made clear that participation was on a purely optional basis, but it would be appreciated if they were willing to try the intervention. The students were told that the intervention was developed for a thesis about anxiety and depression in affluent schools. The intervention was implemented during our weekly therapy session, and each student was engaged in a private office that they are accustomed to using for therapy. I explained the

general idea of the intervention to each student before starting in order to set the same baseline that their participation is serving the greater purpose of a larger project. Prior to implementing the intervention, I briefly journaled about my feelings about implementing the intervention and any predictions, assumptions, or thoughts I had entering the session.

This intervention was developed based off of some previous conversations I had in sessions with my students. One of them had previously mentioned in our session how sometimes he imagines his anxiety and depression as a character that sits in the corner of his bedroom. I started to develop this method while reflecting on this conversation. I began thinking about how approaching anxiety and depression as a character could be a non-threatening approach to opening a discussion about anxiety and depression. At this point in time, I have been unable to find any research about the use of externalization of mental illness through expressive art therapy; however, many of my students had discussed in previous sessions how their mental illness feels to them like their primary identity, and I felt as though an intervention like this could be helpful in separating the adolescent from their illness.

At the onset of each meeting, the participant was presented with a piece of 9"x12" mixed media paper and a variety of art materials to choose from. These materials included watercolors and brushes, acrylic paint in multiple colors and brushes, oil pastels in a variety of colors, colored pencils, colored markers, pencil, and eraser. Each participant was instructed to think about their anxiety and depression and to attempt to imagine them as a character. I posed questions to each participant in order to help facilitate the process of identifying its physical characteristics. The question asked were as follows:

1. If your anxiety/depression was a character, what would it look like? Think of its physical characteristics.

2. Would it be big or small? Fuzzy or rough?
3. Would it have two eyes? Two legs? Two arms?
4. Would it look realistic, or would it look like a cartoon character?

After reflecting on the physical characteristics of their anxiety/depression, I asked the participants to depict their character on the piece of paper. I told each participant that there was no time limit but to work until they felt that they were done.

I informed the participants before beginning that I would be writing using a pen and paper during the session to record their responses to the questions, their process, and any thoughts I had throughout the experience. I sat and silently observed each student as they depicted their character on the paper, jotting down notes and thoughts about their process as I watched them depict the character.

After the participant verbalized that they were done, I asked them to look at the character they produced. I asked them to reflect on their character and asked them if there was anything that surprised them about their characters and recorded to the best of my ability their reflections on their characters. When I felt as though there had been an adequate amount of time for reflection on the visual character, I then asked the participants “If your character could speak to you, what would it say?” and asked the participants to write whatever came to mind next to their depiction of their character. I kept the question simple in this phase of the intervention and only added additional guiding questions such as “What would it say about you as a person?” or “What would it say about your life?” when it appeared as though the participant needed additional support in gaining ideas. Again, I recorded their process and any responses they had during this phase of the intervention.

From here, I asked the participants to reflect on the things the character would say to them and asked them what they might say back to the character. I asked them to have a dialogue with the character and asked them to respond to the statements the character made. I recorded their answers and the dialogue as accurately as possible as they spoke. I attempted to let the participant guide the conversation and only interjected with questions like “What else?” if the participant seemed as though they needed further guidance.

After this, I asked the participants to reflect on the process by asking them questions about their experience. The questions asked were as follows:

1. On a scale of 1-10, how did your anxiety/depression feel entering this session?
2. On a scale of 1-10, how does your anxiety/depression feel now?
3. Is there anything you noticed about your anxiety/depression throughout this process?
4. How does it feel to see your anxiety/depression personified on the page?
5. Is there anything you would like to change about your character now?

I recorded the participants answers in my notebook as we finished our session. The expectation has been set through our continued work together that I store their artwork in a locked cabinet that I have access to, but I still reminded each participant that I will put their artwork in a safe spot for them. Immediately following the session with each participant, I took time to journal about the experience. I did this immediately following the session to ensure that I depicted an accurate portrayal of the session. I journaled about how the experience was for me and recorded whether the predictions, assumptions, and thoughts from before starting were either confirmed or refuted.

The day after implementing the intervention, I reflected back on the artwork the participant created and on the thoughts in my journal, and created an art piece in response to our

combined experiences in the process. I created this response piece using the same art materials as the participants used in their pieces. I reflected on the themes that emerged in the session and also on any thoughts or feelings I had while listening to the narratives of the participants. After creating my response piece, I journaled a third time in regards to what looking at the participants art and reading their narratives over again was like. This was an important part of the process that enabled me to synthesize our combined experiences with the intervention and inform further discussion about this topic. Results were analyzed by reflecting on the interactions recorded with each of the participants and looking for common themes that emerged from each participant and my responses in the journaling.

Results

First Participant

At the start of the session with the first participant, the feeling of the room was somber. The room felt heavy as he came in and sat slouched on the couch with his head in his hands. He reported feeling especially depressed and anxious that day. When asked to complete the intervention, he appeared to be willing to try it and he chose markers and worked for about 25 minutes on drawing his character. As he worked, his body language shifted from slouching to moving closer to the edge of the couch, leaning into his artwork and animatedly choosing different colors. He eventually sat back and looked at his work with a smile slowly growing on his face. He made eye contact for the first time throughout the whole session and reported that the character looked less scary when he drew him. He then began to chuckle which slowly turned into full-belly laughs.

The character he created almost looked like a crab, with multiple legs and arms with one all-seeing eye. He began to walk me through all of different parts of his character. On top of the

characters head there was a large orange flame that appeared to be the hair of the character. The participant identified that the flame represents his anger, which is an ongoing issue that we work on throughout our sessions. He informed me that this character is something he has been imagining since he was in sixth grade, which is when his mental health issues began. He informed me that the fire on his head has gotten smaller over the years, and he identified that he believes that he has gotten more comfortable with experiencing anger and less scared of how to handle it. He identified that the arm that looked like a crab claw reaches inside of him and pulls out all of the hurtful memories and insecurities and brings them to the surface.

He said that the character is always completely silent, just sitting and watching him; however, it causes him to think negative thoughts. He elaborated that the negative thoughts are that he is useless, that nobody likes him, that he doesn't fit in, and that he is a failure. He said that being surrounded by wealthy families and subsequent peer competition contributes to the character telling him these bad thoughts. He went on to say that growing up surrounded by affluence comes with higher expectations and an expectation to be "normal" and follow his other peers, even though his interests do not align with everyone else. He is very involved in wood working and construction and he does not want to go to college after he graduates, but he voiced feeling alienated from his peers because of the pressure put on them to go to college and to succeed. He voiced that he feels as though there is so much pressure to fit in and competition to be the best that contributes to his anxiety and depression.

When I asked him to respond to his character, he paused for a few seconds before speaking. While looking at his character, he quietly questioned why he was ever scared of this character. He also reflected on the progress he has made working through his anxiety and depression. While saying this, he was laughing, and he also stated how good it feels to laugh at

the character. When he came into the room I asked him what level his anxiety/depression was at, and he reported that it was at a six out of ten; however, when asked at the end of our session what level he felt, he reported that it was at a three out of ten. He reported that he felt as though he was more in control of his identity and his anxiety/depression through interacting with this character.

During this session, I found myself oscillating between feelings of excitement, curiosity, sadness, and joy. I tried my best to pinpoint each emotion and when I felt them in response to what was going on in the session. I felt excited and joyful when I watched the participant interact with his character through laughter and state that he was not sure what he was so afraid of. I also felt excitement when he acknowledged the influence of affluence in his own mental health, as it led me to feel as though I was on the right track. I felt deep sadness for him when he discussed feeling alienated and alone from his peers. I journaled all of these thoughts and I attempted to convey all of these feelings through an artistic response, where I utilized some of the imagery and colors that the participant used in his artwork to inspire my response, as shown in Figure 1.

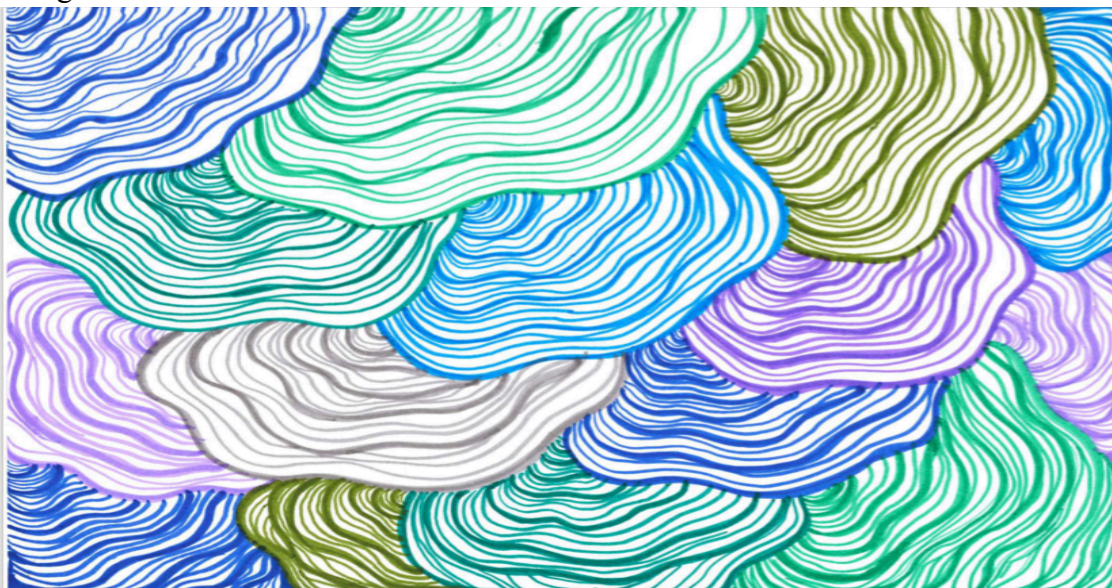


Figure 1. Response to participant one. Drawn by author.

Second Participant

I completed the intervention with the second student a week after I implemented it with the first. I anticipated that this student would be resistant to trying this intervention with me before we started; however, she actually was incredibly willing to try it with me. Prior to the start of this session, she was telling me how tired and down she felt that day. She required a few explanations of the intervention, but once she understood it, she enthusiastically grabbed the markers and began to draw. She started with drawing her depression, which she intentionally depicted as a large blue overweight man with long, greasy hair and a scraggly beard. She vocalized sounds of disgust as she drew this character, making gagging noises and turning up her nose.

She moved on to depicting her anxiety, which she expressed is separate yet connected to her depression. She expressed that her anxiety would be her depression's small sidekick, and she drew her character, which she identified as being a male, as a small, bug-like person standing beside the depression. She described her anxiety as a fly, constantly buzzing around her and causing her to be irritated all the time. She depicted her depression and her anxiety holding hands, describing that they work together to bring her down. She elaborated that her depression is always standing in the corner while her anxiety constantly buzzes around her, telling her that everyone hates her and that her happiness will go away. Her anxiety tells her that she may be happy now, but in the grand scheme of things, she will always be unhappy, and she will always want to cry.

She stared intently at her drawing throughout this process. She discussed how this drawing made her realize how much she is always thinking about what her life would look like without these characters. When asked what her characters would say to her, she discussed that

her depression would tell her that she is useless, unimportant, and disgusting. She expressed that her anxiety tells her that everything is falling apart, nobody likes her, and that she will always fail in life. After a long pause where she appeared to be deep in thoughts, she decided to add a third character to her drawing. This character represented her happiness, which she reported as fleeting. Her happiness was depicted as an angelic presence that tells her that her anxiety and depression do not control her. She paused again, and then added a drawing of herself to the top of the picture. She discussed that she is a neutral presence, and that these characters come along and influence her to be things that she is not.

At this point, she sat back against the couch, observing her drawing. Her eyes began to fill with tears as she shook her head back and forth. She appeared to be in almost disbelief at seeing her characters on the paper. When asked to respond to her characters, she told them how angry she is at them for controlling her life. She told them how suffocated she felt by their presence and how much she wants to move on with her life. She silently looked for a long time at her happiness character before asking it why it has not protected her throughout her life. She began to cry at this point of the intervention while also laughing at the same time, expressing that she was not sure why she was crying. She discussed how these characters made her feel separate and alone from her friends and family.

I then moved into asking her the second set of questions. She sat leaned forward with her arms resting on her knees, observing her drawing as she spoke. She discussed how now that she put her characters on her paper, she realized that the characters are not her or her identity, and that by seeing them on paper and giving them a name, that she was able to separate them from herself. She walked through her cycle of depression, anxiety, and then happiness, and began to identify ways to break this cycle. She repeated throughout the session how helpful it was for her

to see her characters on paper because they are a major presence in her life, but she has never been able to adequately discuss or verbalize the effects they have on her. She began to laugh at this point and said that she may just laugh when she feels anxious because she knows how humorous her character for anxiety appears. She also discussed how she feels as though in future sessions she can have further conversations with these characters and explore her anxiety and depression more deeply.

This session felt really powerful for me. I have a very close relationship with this client, and I know how much she has struggled with her anxiety and depression. I went into this session with apprehension, simply because she is often resistant to trying new interventions; however, she surprised me with her willingness to try this with me. She does not often enjoy using art in sessions, so I found myself excited to see what she decided to do. Throughout the session, I found myself alternating between feelings of excitement, sadness, and affection for my client. This session felt significantly different from the other session I used this intervention in. Where the first session was light-hearted and often humorous, this session felt more solemn and revealing. I found myself feeling a deep sadness watching my client cry, but also felt a sense of pride watching her bravely interact with these characters. I journaled about this experience after and attempted to convey my feelings in an artistic response after the session, utilizing some of the imagery and colors she used in her drawing to inspire my own artistic response, shown in Figure 2.

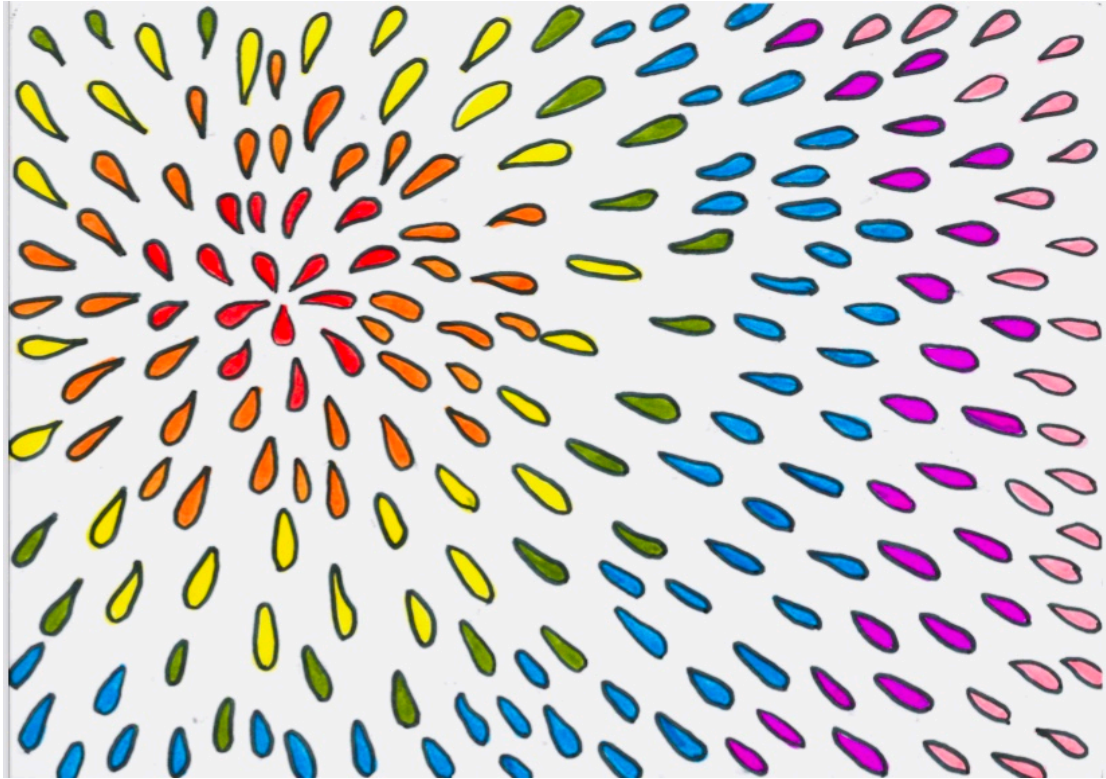


Figure 2. Response to participant two. *Drawn by author.*

Both of my clients expressed a sense of validation at seeing their characters on the paper. Along with this, both clients discussed how seeing their characters on paper allowed them to see that their identity is separate from that of their mental illness. Although the first client laughed and the second client cried, they both expressed a feeling of relief about seeing their characters on paper as opposed to their heads. They both expressed a desire to continue to interact with their characters as well. The second client did not mention her socioeconomic status throughout the session, but she discussed how her mental health issues separated from herself from her peers. Although she did not overtly mention socioeconomic status, this intervention could lead to future conversations about socioeconomic status and how it impacts her mental health in the future.

Discussion

I developed this intervention in an attempt to enable adolescents to externalize their mental illness and allow them to have the space to interact with it in a non-threatening, safe environment (Chambala, 2011). A theme that arises in many of my sessions with these adolescents is feeling as though their identity is completely interwoven with their mental illness, which often leaves them struggling to separate who they are from their illness. I developed this intervention to allow adolescents to develop some space from their mental illness and to interact with it in a way that feels safe to do so (Lindsey, Roberston, & Lindsey, 2018). By developing a character that represents their mental illness, this intervention hopefully enables adolescents to see their mental illness as a being that they have the power to address and interact with in a healthy manner (Chambala, 2011). This intervention also can set the stage for numerous other modality interventions, such as music, story-writing, and drama.

I also developed this intervention to provide a basis for school counselors to begin to initiate these difficult conversations. I aimed to explore the relationship between socioeconomic status and mental health issues, but I also aimed to develop an intervention that could be used in a school setting by guidance counselors and therapists alike. This intervention could be used to explore issues that are relevant to the adolescent in a supported, non-threatening manner with a trusted adult in their school setting.

There are limitations to this intervention that are worth noting. First of all, the participants used in this intervention are not all considered high-SES, which is the basis of this thesis; however, each participant has the experience of attending school and living in an affluent community, which still may have an impact on mental health. This intervention also does not focus entirely on the impact of socioeconomic status on mental health, which makes it difficult to

discern exactly the correlation between these factors. The questions were left open-ended to allow the participants to determine the impact of facets of their life on their mental health, such as socioeconomic status; however, this allowed the chance for socioeconomic status to not be touched on at all. Along with this, the most important part of this intervention is the process of developing the character and interacting with it. Although I had a set of predetermined questions to follow in the discussion segment of this intervention, I felt as though it was necessary at times to deviate from the set questions to continue the flow of the therapeutic encounter and facilitate an authentic discussion. This makes this intervention difficult to generalize and also determine accurate results.

Since implementing this intervention with my students, they have referenced their characters in subsequent therapy sessions when discussing their mental illness. On multiple occasions, my students have referenced the names they gave their characters in our session when discussing their mental health. Both have referred back to their characters and even initiated dialogues with their characters in sessions, unprompted. The first student I implemented this intervention with has reported that he drew a larger picture of his character that he has resting on his dresser so that he can remember that there is nothing to be scared of when discussing his mental health. The second student I implemented this intervention with has reported that she often will think about her characters in her daily life and have internal dialogues with them when she is struggling. This intervention was very useful in our work together and leads me to believe that it could be useful for other mental health professionals in school settings as well.

With the prevalence of anxiety and depression in children and adolescents on the rise, especially among teenagers attending affluent high schools (Luthar & Becker, 2002), there is a need for more awareness and adequate treatments for this issue. This is an especially vulnerable

population, as “children from well-educated, financially secure homes are among the last group of children to be studied by researchers” (Levine, 2008). While research has primarily focused on children of low socioeconomic status, children in affluent communities have fallen through the cracks (Luthar & Becker, 2002). This leaves this vulnerable population invisible and at risk for developing serious mental health issues. There needs to be increasing research about the prevalence of these issues along with research about appropriate and effective treatments in schools and in outside settings. Although on paper these children and adolescents “have it all,” they are often screaming for help, and it is our responsibility as mental health clinicians and adults to hear them.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Donna C. Owens, PhD